



# TENNESSEE DEPARTMENT OF REVENUE PROFESSIONAL PRIVILEGE TAX RETURN

**PRO  
404**

Due Date

Account No.

Remit to:

Tennessee Department of Revenue  
Andrew Jackson State Office Bldg.  
500 Deaderick Street  
Nashville, TN 37242

**IMPORTANT:** Returns must be postmarked by the due date of June 1.

Should you need assistance, please contact the Taxpayer Services Division by calling out statewide number (800) 342-1003 or (615) 253-0600.

**SUBJECT TO TAX:** TENNESSEE CODE ANNOTATED, SECTION 67-4-1701, IMPOSES AN ANNUAL \$400.00 PRIVILEGE TAX ON PERSONS HOLDING, ON THE DUE DATE OF JUNE 1, AN ACTIVE TENNESSEE LICENSE OR REGISTRATION TO PRACTICE ANY OF THE FOLLOWING PROFESSIONS. THE TAX IS IMPOSED ON THE PRIVILEGE OF HOLDING AN ACTIVE LICENSE OR REGISTRATION, WITHOUT REGARD TO WHETHER THE PROFESSION IS ACTUALLY PRACTICED IN THE STATE OF TENNESSEE.

ACCOUNTANT  
AGENT (Securities)  
ARCHITECT  
ATTORNEY  
AUDIOLOGIST  
BROKER-DEALER (Agents)

CHIROPRACTOR  
DENTIST  
ENGINEER  
INVESTMENT ADVISOR  
LANDSCAPE ARCHITECT  
LOBBYIST

OPTOMETRIST  
OSTEOPATHIC PHYSICIAN  
PHARMACIST  
PHYSICIAN  
PODIATRIST

PSYCHOLOGIST  
REAL ESTATE PRINCIPAL BROKER  
SPEECH PATHOLOGIST  
SPORTS AGENT  
VETERINARIAN

**TAX RATE:** FOUR HUNDRED DOLLARS (\$400) PER YEAR.

**MULTIPLE PROFESSIONS:** ANY PERSON WHO IS LICENSED OR REGISTERED FOR MULTIPLE PROFESSIONS IS NOT REQUIRED TO PAY MORE THAN \$400.00 ANNUALLY.

**COMPANY PAYMENTS FOR EMPLOYEES:** ALL COMPANY PAYMENTS FOR MULTIPLE EMPLOYEES MUST HAVE A SEPARATE RETURN FOR EACH EMPLOYEE. DO NOT DUPLICATE ANY PREPRINTED RETURN. IF AN INDIVIDUAL RETURN IS NOT AVAILABLE, YOU MUST PROVIDE A LISTING OF EMPLOYEES WITH THEIR NAME, ADDRESS, AND SOCIAL SECURITY NUMBER. PLEASE RECONCILE THE COMPANY PAYMENT WITH THE INDIVIDUAL LISTING FOR ACCURACY.



Keep Upper Portion For Your Records  
Return Copy Below - Detach Here



WRITE NUMBERS LIKE THIS

1 2 3 4 5 6 7 8 9 0

**PRO  
404**

TENNESSEE DEPARTMENT OF REVENUE  
PROFESSIONAL PRIVILEGE TAX RETURN

DUE DATE		
ACCOUNT NO:		
Under penalties of perjury, I declare that I have examined this report, and to the best of my knowledge and belief, it is true, correct, and complete.		
Taxpayer's Signature	Phone No.	Date

SSN

or

FEIN


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Please write your profession's name from the list above in the box at right.

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|--|--------|
| 1. Tax   | 400.00 |
| 2. Penalty (5% per month, maximum penalty 25%, minimum \$15) |        |
| 3. Interest ( % per annum)                                   |        |
| 4. Total Due   |        |

FOR OFFICE  
USE ONLY



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